

TALLY SHEET

Solicitation Number: 7831-0/13

Summary Description: Purchase, Repair, & Maint. Of Physical Fitness Apparatus & Equip.Pre-Qualification Pool

Solicitation Opening/ Closing Date: Wednesday, May 25, 2011 @2:00 P.M.

Prepared by: Bright Egbo

Verified by: Roma Campbell

Note: When all prices are entered, highlight low priced vendor in yellow (and if applicable, green for secondary, blue for tertiary)

Vendor Name: Vendor FEIN: ADPICS Address: Is this Bid Responsive (If no, state reason): Local Preference Affirmed (Yes/No): Conviction Disclosure (Yes/No): Were all Affidavits Completed: Were all Affidavits Submitted: Incumbent Vendor (Yes/No): Registered Vendor (Yes/No): Indicate SBD Certification: collusion Affidavits:	Coastal Fitness		Gopher		MFAC, LLC	
	650927426		NONE		262148521	
	ADPICS Address:		NONE		P O Box 8090 Cranston, RI 02920	
	YES		NONE		NO	
	NO		NONE		NO	
	NO		NONE		NO	
	YES		NONE		NO	
	YES		NONE		NO	
	NO		NONE		NO	
	YES		NONE		YES	
	NO		NONE		NO	
	N/A		N/A		N/A	
4.1 - CHECKLIST OF REQUIREMENTS:	Summarized Requirement		Summarized Requirement		Summarized Requirement	
	Requirements Section		Requirements Section		Requirements Section	
	Requirement Met?		Requirement Met?		Requirement Met?	
	Bidders shall provide written evidence of being an authorized manufacturer/distributor for the manufacturer brands specified herein. This evidence must be in the form of a letter from the manufacturer stating that the bidder is knowledgeable of the products and items offered and authorizing the bidder to distribute the specific brands listed		Bidders shall provide written evidence of being an authorized manufacturer/distributor for the manufacturer brands specified herein. This evidence must be in the form of a letter from the manufacturer stating that the bidder is knowledgeable of the products and items offered and authorizing the bidder to distribute the specific brands listed		Bidders shall provide written evidence of being an authorized manufacturer/distributor for the manufacturer brands specified herein. This evidence must be in the form of a letter from the manufacturer stating that the bidder is knowledgeable of the products and items offered and authorizing the bidder to distribute the specific brands listed	
Section 2, Paragraph 2.6.2 a.	YES		NO		NO	
	The vendor must provide the following information:		The vendor must provide the following information:		The vendor must provide the following information:	
	Contact No.:	561-712-0381	Contact No.:	NONE	Contact No.:	800-556-7464
	Fax No.:	561-712-1483	Fax No.:	NONE	Fax No.:	800-682-6950
Section 2, Paragraph 2.6.2 b.	Email Address:		Email Address:		Email Address:	
	coastalfitness@aol.com		NONE		holly.thompson@mfathletic.com	
	The vendor shall provide the following information for emergency contact.		The vendor shall provide the following information for emergency contact.		The vendor shall provide the following information for emergency contact.	
	Contact Name:	Michael Asenti	Contact Name:	NONE	Contact Name:	Holly Thompson
Section 2, Paragraph 2.6.2 c.	Phone.:		Phone.:		Phone.:	
	561-707-7062		NONE		800-667-9363	
	Email Address:		Email Address:		Email Address:	
	masenti@aol.com		NONE		holly.thompson@mfathletic.com	

Note:

All bidders are requested to submit with their bid submission, documents as evidence of compliance with the minimum qualification requirements; however, Miami-Dade County may, at its sole discretion, allow the bidder to complete or supplement the qualification requirements information/documents during the bid evaluation period.

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Vendor Name:

Vendor FEIN:

ADPICS Address:

Is this Bid Responsive (If no, state reason):

Local Preference Affirmed (Yes/No):

Conviction Disclosure (Yes/No):

Were all Affidavits Completed:

Were all Affidavits Submitted:

Incumbent Vendor (Yes/No):

Registered Vendor (Yes/No):

Indicate SBD Certification:

collusion Affidavits:

Promaxima Fitness Manufacturing	Sears Commercial
760578028	361750680-10
5325 Ashbrook Dr., Houston, TX 77081	2006 NE 38 Rd. Homestead, FL 33033
YES	YES
NO	YES
NO	NO
YES	YES
YES	YES
NO	NO
YES	YES
NO	NO
N/A	N/A

4.1 - CHECKLIST OF REQUIREMENTS:	Summarized Requirements		Summarized Requirements	
	Requirements Section	Requirement Met?	Requirements Section	Requirement Met?
Section 2, Paragraph 2.6.2 a.	Bidders shall provide written evidence of being an authorized manufacturer/distributor for the manufacturer brands specified herein. This evidence must be in the form of a letter from the manufacturer stating that the bidder is knowledgeable of the products and items offered and authorizing the bidder to distribute the specific brands listed	YES	Bidders shall provide written evidence of being an authorized manufacturer/distributor for the manufacturer brands specified herein. This evidence must be in the form of a letter from the manufacturer stating that the bidder is knowledgeable of the products and items offered and authorizing the bidder to distribute the specific brands listed	YES
Section 2, Paragraph 2.6.2 b.	The vendor must provide the following information:		The vendor must provide the following information:	
	Contact No.:	800-663-6028	Contact No.:	800-359-2000
	Fax No.:	407-428-0729	Fax No.:	305-246-8350
Section 2, Paragraph 2.6.2 c.	Email Address:	csteele@promaxima.com	Email Address:	egar132@searshc.com
	The vendor shall provide the following information for emergency contact.		The vendor shall provide the following information for emergency contact.	
	Contact Name:	Cindy Steele	Contact Name:	Commercial Fitness Team
	Phone.:	407-473-2989	Phone.:	1-800-669-4392
Note:	Email Address:	csteele@promaxima.com	Email Address:	cscomfit@searshc.com

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